

MEASLES MUMPS & RUBELLA VACCINES

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases.

Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

- Mumps virus causes fever, headache, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and, rarely, death.

Rubella (German Measles)

- Rubella virus causes rash, mild fever, and arthritis (mostly in women).
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

You or your child could catch these diseases by being around someone who has them. They spread from person to person through the air.

Measles, mumps, and rubella (MMR) vaccine can prevent these diseases.

Most children who get their MMR shots will not get these diseases. Many more children would get them if we stopped vaccinating.

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- ✓ The first at 12-15 months of age
- ✓ and the second at 4-6 years of age.

These are the recommended ages. But children can get the second dose at any age, as long as it is at least 28 days after the first dose.

Some adults should also get MMR vaccine:

Generally, anyone 18 years of age or older, who was born after 1956, should get at least one dose of MMR vaccine, unless they can show that they have had either the vaccines or the diseases.

Ask your doctor or nurse for more information.

MMR vaccine may be given at the same time as other vaccines.

3 Some people should not get MMR vaccine or should wait

- People should not get MMR vaccine who have ever had a life-threatening allergic reaction to gelatin, the antibiotic neomycin, or a previous dose of MMR vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMR vaccine.
- Pregnant women should wait to get MMR vaccine until after they have given birth. Women should not get pregnant for 3 months after getting MMR vaccine.
- Some people should check with their doctor about whether they should get MMR vaccine, including anyone who:
 - Has HIV/AIDS, or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer.
 - Has any kind of cancer
 - Is taking cancer treatment with x-rays or drugs
 - Has ever had a low platelet count (a blood disorder)

Over

People who recently had a transfusion or were given other blood products should ask their doctor when they may get MMR vaccine.

Ask your doctor or nurse for more information.

4 What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting any of these three diseases.

Most people who get MMR vaccine do not have any problems with it.

Mild Problems

- Fever (up to 1 person out of 6)
 - Mild rash (about 1 person out of 20)
 - Swelling of glands in the cheeks or neck (rare)
- If these problems occur, it is usually within 7-12 days after the shot. They occur less often after the second dose.

Moderate Problems

- Seizure (jerkings or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been known to occur after a child gets MMR vaccine. But this happens so rarely, experts cannot be sure whether they are caused by the vaccine or not. These include:
 - Deafness
 - Long-term seizures, coma, or lowered consciousness
 - Permanent brain damage

5 What if there is a moderate or severe reaction?

What should I look for?

Any unusual conditions, such as a serious allergic reaction, high fever or behavior changes. Signs of a

serious allergic reaction include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness within a few minutes to a few hours after the shot. A high fever or seizure, if it occurs, would happen 1 or 2 weeks after the shot.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

6 The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/bhpr/vicp/>

7 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-2522 (English)
 - Call 1-800-232-0233 (Español)
 - Visit the National Immunization Program's website at <http://www.cdc.gov/nip>



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program



Vaccine Information Statement
MMR (12/16/98) 42 U.S.C. § 300aa-26



Texas Department of Health

Addendum to Measles, Mumps, and Rubella Vaccine Information Statement

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine(s) listed above.
3. I know the risks of the diseases this vaccine prevents.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the diseases, the vaccine, and how the vaccine is given.
6. I know that the person named below will have a vaccine put in his/her body to prevent an infectious disease.
7. I am an adult who can legally consent for the person named below to get vaccines. I freely and voluntarily give my signed permission for this vaccine.

Vaccine to be given: ☐ (MMR) Measles, Mumps, and Rubella ☐ Measles and Rubella
☐ Measles ☐ Mumps ☐ Rubella

Information about person to receive vaccine (Please print)					For Clinic/Office Use	
Name: Last	First	Middle Initial	Birthdate	Age	Clinic/Office Address:	
					Date Vaccine Administered:	
					Vaccine Manufacturer:	
					Vaccine Lot Number:	
					Site of Injection:	
					Signature of Vaccine Administrator:	
					Title of Vaccine Administrator:	
Address: Street: City County State TX Zip						
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):						
_____ Date: _____						
Witness: _____ Date: _____						

Texas Department of Health
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CDC VIS Revision 12/16/98

CONSENT FOR THE TEXAS DEPARTMENT OF HEALTH STATE-WIDE IMMUNIZATION REGISTRY, ImmTrac

1. I authorize the placement of my child's demographic information and immunization record into the Texas Department of Health's Immunization Registry.
2. I authorize the Texas Department of Health's Immunization Registry to release past, present, and future immunization records on my child to a parent of the child and any of the following:
 - A) public health district;
 - B) local health department;
 - C) physician to the child;
 - D) school in which the child is enrolled; and/or
 - E) child care facility in which the child is enrolled.
3. I understand that I may withdraw the consent to place information on my child in the immunization registry and my consent to release information from the registry at any time by written communication to the Texas Department of Health, Immunization Registry, 1100 W. 49th Street, Austin, Texas, 78756.

☐ Yes. Add my child's information into the Texas Department of Health's Immunization Registry.

☐ No. Do not add my child's information into the Texas Department of Health's Immunization Registry.

Signature of parent, guardian, or managing conservator

Date of signature

Instructions: Store the parental consent statement in the patient's chart.

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